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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 028400005		CITY OR TOWN	DIGHTON		
APPLICATION FOR RENEWAL: Annu		Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
LICENSEE NAME	: MT. HOPE VI	LLAGE LIQUORS, I	NC			
DOING BUSINESS	S A JOHNNY'S N	MARKET				
ADDRESS 102 LIN	NCOLN AVE					
CITY/TOWN: DI	GHTON	STATE: M	A ZIP CODE:	02764		
	OODCOCK, UCE A	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF	F LICENSED PRE	EMISES:				
1 FLOOR, REAR S EXITS.	STORAGE ROOM	I, TWO 23X60 FT. S	ΓORE SPACE 2 ENTR	ANCES AND 2		
3. the prem		tner or Authorized Co				
DATE:	TELEPH	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below:	1			ING AUTHORITY		
APPROVED: DISAPPROVED:			By:			
(If disapproved exp	lain)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 028400007		CITY OR TOWN	DIGHTON	
APPLICATION FOR RENEWAL: Annual		Annual	LICENSED FOR 2013		13
		CLASS			YEAR
LICENSEE NAME:	MEDWAY ENTE	ERPRISES, INC.			
DOING BUSINESS	A 44 LIQUORS				
ADDRESS 2035 WI	NTHROP ST				
CITY/TOWN: DIG	HTON	STATE: MA	ZIP CODE:	02715	
	LMAN, TY ISSA	PE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	ISES:			
2. the license	ee has complied wit ses are now open fo	f the same type for the hall laws of the Comr business (If not explor or Authorized Corp.	monwealth relating to ain below)		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 028400008		CITY OR TOWN DIGHTON	(
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	: AVICHALDAS O	CORP.		
DOING BUSINESS	S A MENDOZA'S L	IQUORS		
ADDRESS 1896 CO	DUNTY ST			
CITY/TOWN: DIC	GHTON	STATE: MA	ZIP CODE: 02715	
MANAGER: PAT	TEL, ANJANA TY	YPE OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:	:	-		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
ONE STORY WOO	OD FRAME BLDG	WITH 2 ROOMS		
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	wed license will be o	f the same type for the	same premises now licensed;	
2. the licens	see has complied wit	th all laws of the Comn	nonwealth relating to taxes; and	
3. the prem	ises are now open fo	or business (If not expla	in below)	
SIGNED BY				
SIGNED DI	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEDIO	NIE NILIMDED.	EMPLOYER IDENTIFICAT	TION NUMBER:
	TELEPHO	NE NUMBER:	(Note: NOT Individual Social S	
				•
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				
•				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	028400010		CITY OR TOWN DIGHTC)N
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	Λ	AK HOUSE, INC.		
ADDRESS 1881 COU				
CITY/TOWN: DIGH	ITON	STATE: MA	ZIP CODE: 02715	
MANAGER: KOTS GEOR		PE OF LICENSE: Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
Pl	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMI	SES:		
1ST FLR; DINING RO ENTRANCES AND 3		M PARLOR AND R	ESTROOMS. BASEMENT STO	ORAGE. 4
I hereby certify and sw	ear under penalties	s of perjury that:		
1. the renewe	d license will be of	the same type for th	e same premises now licensed;	
2. the licensee	e has complied with	h all laws of the Com	monwealth relating to taxes; and	d
3. the premise	es are now open for	r business (If not exp	lain below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corp	oorate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	l Security Number)
Acts of 2004, signed	by the building in	spector and the hea	he certificate required by Cha nd of the fire department for the urance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	n)			
				<u> </u>
DATE:				
DAIE.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 028400014		CITY OR TOWN DIGHTC)N	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAME:	THERESA S. AL	MEIDA			
DOING BUSINESS	A ALMEIDA'S CO	DUNTRY STORE IN	C		
ADDRESS 2050 CO	UNTY ST				
CITY/TOWN: DIG	HTON	STATE: MA	ZIP CODE: 02715		
	EIDA TY RESA S.	PE OF LICENSE: Pa	ckage Store CATEGORY	Y: Wine and Malt Regular	
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMI	ISES:			
		O SIDE ENTRANCES FORAGE BARN TO	S. WALK IN COOLER, FRON THE REAR	T OF -	
2. the license	ee has complied wit	· =	e same premises now licensed; monwealth relating to taxes; and ain below)	d	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUT By:	HORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 028400017		CITY OR TOWN	DIGHTON	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	AR
LICENSEE NAM	ME: JOHN VANGYZEN I	HALL INC.			
DOING BUSINI	ESS A				
ADDRESS 495	SCHOOL STREET				
CITY/TOWN:	DIGHTON	STATE: MA	ZIP CODE:	02764	
MANAGER: I	BLEAU, RICHARD TYPE	OF LICENSE: Ve	eterans club CA	ATEGORY: All	Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISES	S:			
AREA ALL ON	UNCTION ROOMONE KI THE FLOOREXITS IN T TS IN THE BAR AND HAI	HE OFFICE ARE			
I hereby certify a	and swear under penalties of	perjury that:			
	enewed license will be of the		_		
	censee has complied with all		•	o taxes; and	
3. the pr	remises are now open for bu	siness (If not expl	lain below)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
	,				
DATE:	TELEPHONE 1	NIIMRER:	EMPLOYER	R IDENTIFICATION 1	NUMBER:
	TEEEI HOIVE I	VOMBER.	(Note: <u>NOT</u> Individual Social Security Number)		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below	<u>r.</u>		LOCAL LICENS	SING AUTHORIT	ſΥ
APPROVED: [By:		
DISAPPROVED					
(If disapproved e	explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 028400019		CITY OR TOWN DIGHTON	N
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	: ALICE'S LAST S	TOP,INC.		
DOING BUSINESS	S A ALICE'S LAST	STOP		
ADDRESS 1901 CO	OUNTY ST			
CITY/TOWN: DIC	GHTON	STATE: MA	ZIP CODE: 02715	
MANAGER: STC	ONE,BRIAN J. TY	PE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF	LICENSED PREM	ISES:		
FULL SERVICE RI	ESTAURANT LOC	ATED IN A STRIP PI	LAZA.	
I hereby certify and	swear under penaltie	es of perjury that:		
1. the renev	wed license will be o	f the same type for the	same premises now licensed;	
2. the licens	see has complied wit	th all laws of the Comr	nonwealth relating to taxes; and	
3. the prem	ises are now open fo	or business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signe	ed by the building in	nspector and the head	e certificate required by Chap d of the fire department for the grance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				
	WAI MIIST RE EII ED DV	LICENSEES DUDING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	(6A)
THE PROPERTY OF THE REPORT OF THE PARTY OF T	THE MICHIEL DE LIEUD DI	PICTURE DOMINO THE M	OTTITUDE TO THOUSE (M.O.E. CII. 130 \$ 1	.011)